Bernadette Nolan
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NOTICE

Reports just received indicate many of our members have failed to contribute to relief fund in return for Christmas Seals. We urge those who have not done so to send checks immediately. Lets all take part in this most worthy cause.

Relief Committee
Florida State Dental Society

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Something always does!

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Why Dentists Do Not Advertise

U. Garfield Rickert,
School of Dentistry,
University of Michigan

A number of automobile manufacturers were at a banquet. One of the number asked the president of the industry generally recognized as offering the least desirable machine produced during that year, "How in the world can you put that mass of sheet iron of yours on wheels, call it an auautomobile, and actually sell some of them?" The president is reputed to have said, "It is wonderful what a million and a half dollars spent in advertising will do."

Many dentists have been confronted with the problem of restoring the mouths of victims of dental exploitations. They have asked practically the same question, "How in the world can anyone in the name of dentistry collect a mass of gilded materials like this, place it in the mouths of patients and actually get paid for it?" Well, the automobile manufacturer had the answer. It is wonderful what dollars spent in advertising will do.

Dentists do not advertise for a number of reasons. It is not that they believe the principle of advertising in the business world illegitimate if approximately used. In the strictly commercial fields advertising, intelligently applied, may have educational value, but in a serious service like medicine and dentistry where health is always involved and at times even life itself, the competitive methods of the business world have always proved inimical to public interest.

The committee led by Secretary of the Interior, Ray Lyman Wilbur, studying the cost of medical care were united in their belief that the application of commercial methods in the distribution of health services is not, and never can be, to the best interests of the public. One can easily understand why this should be so. If you are going to purchase a radio or an automobile you have the privilege of examining, testing and comparing the relative merits of the several available products as advertised. When you are in need of dental or medical service, visual comparative examinations cannot be made. Everyone should know that dental work, made solely to fit a price rather than to fit quality of service, does more harm than good. Your only protection of the honesty of the doctor.

In a questionnaire from our university, sent to many of the most successful American dentists asking them to give their opinion as to the most important single characteristic that the dentist should have, the answers were unanimous—that honesty came first and ability second. In selecting a dentist or a physician then, one should first determine the honesty and ability of the practitioner. Select one who is willing to stake his reputation on the merits of his services and many satisfied patients in preference to what a few practitioners announce to the public in paid advertising as to what they think of themselves. While the universities take great pride in the achievement of many of their alumni, they recognize their limitations in controlling the conduct of a few of their graduates. Until such time as the public, by proper legislation, gives the schools the right of recall of the privileges of diplomas no university can guarantee the future conduct of all of its graduates.

At the present time the health service professions are trying in every way possible to apply economic measures making possible the extension of the highest type service to everyone, rich and poor alike. They could not resort to advertising even if it were ethical because advertising costs money and would have to be added to the cost of dental services and be paid by the patients, for whom we are trying to economize. A dentist may invent an instrument or a piece of apparatus which is very valuable in dentistry, but he cannot remain in good standing with his fellow ethical practitioners if he patents the discovery and capitalizes on the product, for this would add to the cost of dental necessities, first to his fellow practitioners and finally to the public. The wonder of it all is that, with the constant temptation to exploitation, especially at this time of depression, so few of our thousands of dentists and physicians fall for the unethical practices.

What would you think of your minister if you opened your morning paper and found an advertisement announcing that, for a period of thirty days marriage ceremonies would be performed for $4.99 and that the newlyweds would be presented with a set of dishes absolutely free. The appropriateness of the gift under this condition is easier to understand than when it is given as a premium for dental services. What would the young couple have a right to think if, on asking whether this was the place where $4.99 marriage ceremonies were performed, the reverend gentleman would say, "Yes, but not for you! I can see by your appearance and dress that you require a better service. We do perform $4.99 ceremonies but only for those who would not appreciate our better service. You desire permanent results so we insist that you accept our regular ceremony for $50.-00 which we are offering today for $24.95." Some of my readers will recognize this trick.

What would you think of your lawyer if he advertised for divorce clients? No, it is not done that way. It will be a sorry day for the American public if health service is ever universally commercialized and bartered in an open market. Experience has taught us that it cannot be done this way if the public is to be faithfully and honestly served.

HERE'S AN IDEA

Health authorities in our "second American city" were recently the recipients of a deeply appreciative letter from one of their constituents. It said: "I wish to thank the city authorities for quarantining my family and me recently for three weeks because one of them had smallpox. During that time my wife caught up with her sewing. We had three square meals every day, as no one came in and she was not permitted to leave. We enjoyed three weeks of good nights' sleep, and, best of all, a cousin with four children who had arranged to visit us saw the smallpox sign on the door and left town so scared that she will never come back again. Many thanks."—Illinois Dental Journal.

Technique For Rebasing And Reconstructing An Upper Denture

By Dr. J. E. Walker,
St. Petersburg, Florida

The difficulty of making an intelligent presentation of a technique which should be given by a clinic will be apparent to readers of this article. The absence of cuts or illustrations of any kind make it difficult to present and will necessitate the use of many words and probably useless repetitions to get the idea over.

This technique was developed probably from necessity to meet the conditions of the day—call it depression if you like—but I have found it very useful and satisfactory in my practice, helping me out of many holes and enabling me to render a service in many cases where nothing else was possible to people who badly needed service and who could not afford a new denture, at a fee they could afford a new denture, at a fee they could afford without the indignity of cutting prices. In other words, in spite of the fact that the patients get a new denture, they do not know it, and can't go away and quote your price for a new plate after you have already quoted them your price for new denture. We all like to believe that we have a minimum fee for our work and dislike to feel that anyone can talk us out of anything and get our work for less. Of course, there are always charity cases that must be excepted.

A patient presents with an old ill fitting broken down denture which must be held in position with Corega or other means. The periphery may be broken down and it looks useless and hopeless. After examination and discussion of fees, etc., for a new denture, the patient declares it is out of the question and he must make out with the old one. With this technique at your command, you can proceed to sell the idea of working over the old denture with every assurance and confidence that you will produce satisfactory results and win the gratitude and good will of a pleased patient at a fee they can afford.

With the aid of Corega, seat the plate in patient's mouth in proper occlusion. Select a tray to approximately fit the case and with modeling composition take an impression of the case and with modeling composition take an impression of the case in place, allowing the compound to extend posteriorly beyond the hard palate and onto the soft tissues and the tuberosities and engaging the cusps of the teeth, or you can trim the excess of compound labially and bucally back to the cusp. The object of this is to allow the impression to slip back in place later in the same position as before, for the plaster wash, after the rebasing has been completed.

Laying aside the compound impression for the time being, with a fissure bur cut out the palate of the plate back to the stress bearing areas leaving it in a horseshoe shape. Replace this horseshoe in the compound impression and mark corresponding horseshoe in the impression to denote the relief in the plaster wash later. With vulcanite bur cut out the horseshoe plate approximately one millimeter deep and trim rough peripheries especially where raising periphery is necessary and for muscle trimming. With Kerr's No. 1 tracing sticks and alcohol mouth blow pipe trace the compound bucally and lingually as far forward as cuspid position, leaving the labial and corresponding anterior lingual until later. The object of this is to enable you to seat the denture in the mouth in occlusion without the danger of protrusion or displacement as will sometimes occur. With alcohol mouth blow torch soften composition bucally and lingually being careful not to scorch it, temper in warm water, carry to the mouth and allow patient to bite into occlusion. Repeat until the compound is evenly and smoothly adapted and there should be an excess of compound around the periphery. Trim the excess lingually back to the border of the horseshoe and smooth perfectly. With the mouth blow torch soften the excess in buccal area on one side, temper in warm water and while held firmly in place with one hand, gently pull the cheek down and manipulate. Continue until it is well muscle trimmed. Repeat on the other side, and then labially follow the same technique until the rebase is complete. In most cases you will have enough adaptation to hold the horseshoe case in place. If not, use a little Corega to hold in position.

Going back to the compound impression, remove with a sharp knife to a depth of 1-8th inch that portion already marked corresponding to the horseshoe. With an indelible pencil mark pterygo-maxillary notches which are located by passing a mouth mirror back over the tuberosity until it drops in the notch. Let patient say "ah-ah" and mark soft tissue for post damming and posterior border of plate. Using your compound impression tray proceed with the plaster wash. Using not too thick plaster wash, and with gentle pressure the impression is carried to place accurately for you have all the cusps of all the teeth to guide you and it cannot be seated out of position. Remove and relieve slightly the palatal area represented by the horseshoe displacement. With Technique for rebasing and reproduce pointed instrument groove the transferred indelible lines just enough to be shown as an embossed line in the model when run.

Box case and run model. With little trouble the model is separated. A trial plate is made with true base which is trimmed 1-8th inch low all aroun dthe periphery and extending posteriorly 1-8th inch beyond the post dam line. With small roll of softened pink wax press tightly in area around the periphery and extending space left short in the true base, which affords a softer and more comfortable peripheral seal than the harsh true base. With No. 7 or No. 8 bur cut about half the depth of the bur along the post dam line, bevel this groove anteriorly and by softening the posterior border of the true base trial plate with dry heat, a portion of it at a time, it can be folded back and pressed down into post dam groove. A few trials in the mouth noting the escape of air bubbles when pressed into position, and cutting the post dam a bit deeper at those points

of air escape, will soon see the trial plate sticking close with perfect adaptation. Replace the case on the finished model, discarding the trial plate, fill in the palate and post dam areas with pink wax and reproduce as is.

This technique will give you a perfectly tight fitting denture and a pleased patient. It has helped me out many time when a new denture was out of the question.

A. D. A. MEMBERSHIP PLAN PUZZLES IN PRACTICE

By Newton G. Thomas

"What is there in it for me?" is a question many men ask when solicited to become members of the Association. It is perhaps thought by many who hestitate for propriety's sake to ask it. It is not easy to ask because it savors so much of commercialism and there is an instinctive aversion in a professional man's mind to that accusation. Still, because it is asked and because others puzzle over it in silence, answers to it have been deemed just and appropriate.

First of all, let us say that there are too many answers to it to be put in one release. We might say the Association carries on 14 distinct endeavors and lists them: 1. Publication of the Journal 2. Annual Meetings 3. Bureau of Public Relations 4. Library Bureau 5. Bureau of Chemistry 6. Council on Dental Therapeutics 7. Judicial Council 8. Dental Educational Council 9. Committee on Dental Indexing 10. Committee on Dental Legislation and Correlation 11. Relief Fund Commission 12. Research Commission 13. Committee on Dental Economics 14. Group Insurance. All of these are at the service of members day and night and many of them benefit non members equally as much. The non member should never forget that he is an extensive beneficiary of the Association even if he ignores it. It will be all this item can contain if one illustration is used. Watch the journal from time to time for others.

How can a man practice dentistry and escape from problems? Problems that escape the technique, the materia medica of his school days. Certainly the old formulae carry one on generally. Keep one safe within limits, hold a practice together after a fashion. But they fail in pinches. Instances arise when the diagnosis and treatment lead to failure. A puzzle sticks out of the middle of things. An indifferent man will keep on and trust to luck. If luck fails he will sigh and say, "Another patient will be along to take the place of the one lost." It is a poor consolation. Practices don't grow that way. But many a man has settled into mediocrity as a result of this attitude, watched his practice decline, himself lose courage and life empty of hope.

Since school days, symptomatology has increased in volume for diseases that had names and prescribed treatments long ago. New factors have entered into the cause and treatment of lesions since classroom days. Dentistry has taken on importance, momentum and responsibility since then. Weary and low you say, "I can't keep up." And with that concession trying questions and trying defeats multiply. You say "What shall I do? I wish I knew how other men treat this condition." You scan the row of old journals and realize they are out of date. If they were not so old, finding what you want would discourage you.

You think of the youngster across the hall. He graduated only a year ago and knows the latest teaching on the subject that annoys you! To go to him is embarrassing. A friend who has practiced as long as you but has kept up his reading comes to mind. Embarrassing too. No man cares to make such confessions perhaps. Then what? Try the A. D. A.

For those who would meet the problems of the day, problems about caries, diet, canal treatment, Vincent's angina—the whole long list—the A. D. A. library is at your service. The best studies on every subject have been collected and bound for you and can be had upon request by any member of the Association. That is worth thinking about.

DIRECTORY ANNOUNCEMENTS

It is unethical for a dentist to permit the placing of his name in any city, commercial, telephone, or other public directory or directories in public or office buildings, using what is known as display type, or type that is in any way dissimilar from the standard in size, shape or color, or to use any other device tending to give his name visual prominence over other names listed. It is likewise unethical for a dentist to permit the printing of his name in any kind of public directory under a heading such as "Specialists," "Surgeon Dentists" or any other heading or device that might create in the mind of the reader the impression that the individual so listed is superior to those whose names appear under the simple heading—"Dentists."

LEST WE FORGET

A continuation of the new code of ethics of the A. D. A.

Most helping hands are empty.—Journal of Houston Dent. Society.

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WORTH READING

The current Dental literature contains a number of very interesting articles. Attention is particularly called to the following:

1. Conservation of the Edentulous Alveolar Process by Melvin E. Page —Journal of A. D. A., Jan., 1935. Here is presented the basic approach for the preservation of the alveolar ridges. It points the way, through mineral metabolism studies and adjustments. Appreciating the continually changing biologic tissues on which the denture rests, it at once places prosthodontia in the rank of a science by normalizing and preserving the mineral balance of the patient.

2. A Histologic Study of the Anatomic Structures Forming the Oral Cavity, by William H. Logan—Journal of A. D. A., January, 1935. Of interest to those who wish to enlarge their concept of dental embryology, a subject which will take a prominent place with the ever increasing interest and findings in mineral metabolism.

3. The Chemical Treatment of Several of the Diseases of the Oral Tissue with Special Emphasis Upon Teeth with Nonvital Pulps by Stuart Kabnick—International Journal of Orthodontia, December, 1934. Of continued interest to those who believe in the possible solution of the devitalized tooth. Scientific from a chemical point of view with possibilities of the solution of this problem.

4. Etiologic Factors in Various Types of Paradentosis by Paul J. Boynes—Dental Cosmos, January, 1935. For those who realize that the most neglected phase of dentistry is the involvement of the paradentium. A clear description of the stages and appreciation of the early bony changes which are generally overlooked.

5. Oral Manifestations of Endocrine Disturbances by A. Bunder Lewis—Dental Cosmos, January, 1935. Interesting inasmuch as it links endocrine disfunction, through possible strain on the defensive mechanism, producing a systemic condition of suboxydation and hypothermia with their oral manifestations.

6. The Etoilogy of So-called Alveolar Pyorrhea by L. I. Kaushansky—Dental Cosmos, January, 1935. A tremendously interesting study of mineral metabolism in relation to pyorrhea. One cannot help, upon reflection, appreciating the tremendous amount of scientific work involved by those of the Stomatological Institute of Leningrad, U. S. S. R.

7. Safeguards in Nitrous-Oxide-Oxygen Anaesthesia for Exodontia by Bennett A. Field—Dental Cosmos, January, 1935. A clear and concise view of some of the fundamentals in successful administration of nitrous-oxide and oxygen in order to safeguard properly the interest and welfare of the patient and operator as well. The necessity of a familiarity with the conditions contra-indicated to the use of a gaseous anaesthetic and the subsequent procedure when any unfavorable condition arises, which can only be acquired by adequate experience in administering the anaesthetic.

8. Human Saliva I Critical Discussion of Former Salivary Ca Studies and Their Value in the Establishment of Normal Standards by H. Becks and W. W. Wainwright—Journal of Dental Research, October, 1934. A timely and honest investigation showing the need of supervision by the A. D. A. to avoid the clogging of the literature with research data in which no dependence can be placed.

MEETING OF THE DENTAL ADVISORY BOARD OF THE COMMITTEE ON ECONOMIC SECURITY

The Dental Advisory Board appointed by Secretary Perkins, chairman of President Roosevelt's Committee on Economic Security ,which was called to advise with the Committee's Technical Staff in its studies of the relation of dentistry to public health, dental care and health insurance met in the Red Cross building in Washington, D. C. The Board met in executive session with all of the following members present: Dr. Frank M. Casto, President of the American Dental Association, Cleveland; Dr. J. Ben Robinson, President of the American College of Dentists, Baltimore; Dr. LeRoy M. S. Miner, Boston; Dr. Alfred Walker, New York City; Dr. John T. Hanks, New York City; Dr. George A. Coleman, Philadelphia; Dr. O. W. Brandhorst, St. Louis; Dr. Herbert E. Phillips, Chicago; Dr. J. T. O'Rourke, Louisville; Dr. Bissell Palmer, New York City; Dr. Roy Green, Sacramento, California.

There were present Edgar Sydenstricker in charge of the medical and health studies of the Committee on Economic Security, also I. S. Falk; Nathan Siani and Michael Davis of the Technical Staff.

Edwin E. Witte, Executive Director of the Committee on Economic Security made a short address at the opening meeting. He asked for the cooperation and advice of the dental members in assisting in developing the health aspects of the President's plan for economic security.

Because of the fact that the Dental Advisory Board will make its recommendations to the Committee on Economic Security, the matters under discussion at that time could not be made public, but we have been informed that the subject of lay education, questions of public health in which the dental profession is interested and the question of health insurance were discussed at that time.

The Dental Advisory Board decided to request Secretary Perkins to allow them more time in which to pursue their studies.

It was also decided that it would undoubtedly be necessary for the Advisory Board to hold subsequent meeting when these questions may be thoroughly discussed and the findings which are to be presented to the Committee for Economic Security decided upon.

THE VALUE OF A SMILE

It costs nothing, but creates much.

It enriches those who receive, without impoverishing those who give.

It happens in a flash, and the memory of it sometimes lasts forever.

None is so rich he can get along without it, and none so poor but is richer for its benefits.

It creates happiness in the home, fosters good will in business, and is the countersign of friends.

It is rest to the weary, daylight to the discouraged, sunshine to the sad, and nature's best antidote for trouble.

Yet it cannot be bought, begged, borrowed or stolen, for it is something that is no earthly good to anybody until it is given away.

And if I should be too tired to give you a smile, will you leave one of yours?

For nobody needs a smile so much as those who have none left to give.—Washington State Journal.

Think twice—speak once. Journal of Houston Dent. Society.

THE COMMITTEE ON ECONOMICS FOR THE AMERICAN DENTAL ASSOCIATION

The following members of the Executive Committee of the Committee on Economics for the American Dental Association met in Chicago, November 20th.: Edward H. Bruening, Chairman, Omaha, Nebr., John T. Hanks, New York City, Harold W. Oppice, Chicago and Lon W. Morrey, Chicago.

A report of the Washington conference was given by Dr. Hanks.

Dr. Kirby of the American Pharmacists Association was present and asked for the cooperation of the American Dental Association with the American Pharmacists Association, which is a body of professional pharmacists. He explained to the Committee the aims of the Association and several of their activities.

After careful consideration of the various subjects which came to a focus as the outcome of the Conference on Economic Security and the interest which has been displayed in reference to health insurance, the Economic Committee prepared the following resolution which was presented to the Ad Interim Committee for their consideration:

The American Dental Association is opposed to the enactment of legislation along the lines of so-called compulsory health insurance until the health professions are thoroughly satisfied that the interests of the public and the professions are properly safe-guarded.

The Ad Interim Committee after considering this resolution carefully, adopted it unanimously. Secretary Pinsey of the American Dental Association has sent out an official communication to the state officers embodying this action.

PRESIDENT'S LETTER

Just came home from the winter meeting of the West Coast District Society in Tampa. The boys down that way have a habit of putting on outstanding meetings and this was no exception. No clinics, no papers of a technical nature. The entire program was limited to the subjects of ethics and economics.

Dr. Ralph Byrnes, Atlanta-Southern's able dean, read a scholarly paper in which he went back into ancient history and developed the various concepts of ethical conduct and philosophies of thought through the ages right up to the present. Here's a tip; this paper will be published in your A. D. A. Journal soon, Don't miss it, it's really worth a lot of consideration.

Next on the program was Clad Stewart, St. Petersburg with a fine paper on "Membership in your Society." The pity is that only members heard it.

Dr. Frank Adams opened the afternoon session with a resume of the Public Relations committee's survey of fees throughout the state. Brothers, this report is really an eye opener. Even a casual analysis will explain why we have shoppers. Why many of the public feel that dental fees are too high and why there is entirely too much poor dental work being placed in mouths today.

Highlight of the afternoon was a lecture by Dr. L. D. Pankey, Coral Gables on Economics. Dr. Pankey stressed the thought that to succeed one must convince the patient of the value of good dentistry and then do good dentistry. Most patients, he believes, find ways of affording what they really want if they are given value received.

With the present high standard of living in America Dr. Pankey feels that there is no excuse for panel or insurance dentistry. Even in prosperous times 80% of the population did not avail themselves of dental service. Why then, he argues, should we permit our professional standards to be dragged down in order to give this 80% a service they have deliberately disregarded in the past. It is hoped that the Journal can arrange to publish a series of articles on this subject by Dr. Pankey in the near future.

Other features of the meeting worthy of note were Dr. Sheppard W. Foster's address at the luncheon held in his honor. L. M. Anderson's and Malcolm Smith's open house in the Stovall building after the meeting and Dr. Dean's yarn about the Swede who had livestock trouble.

L. B. King collected current dues from over 60 members at this meeting. B. M. Pell, L. T. Daniel, Z. L. Webb, and B. V. Dannheisser please take notice.

DUES ARE NOW PAYABLE. Mail your check to your district secretary NOW and be eligible to attend all future meetings and post graduate clinics of your society.

Fraternally,

C. P. Cleveland

"INSURANCE"

"In general practice of Dentistry, the dentist promises by implaction to use the skill and learning of the average dentist, to exercise reasonable care and to exert his best judgment in the effort to bring about a good result."

An analysis of this rule discloses three essential obligations which the law imposes upon a dentist who takes charge of a case; (1) That he must possess "that reasonable degree of learning and skill" that is "ordinarily possessed by dentists in the locality where he practices,"

(2) The dentist is "under the further obligation to use his best judgment, "not his guess or hasty surmise, not his snap judgment, but his "best judgment."

(3) The dentist must "keep abreast of the times" and must follow the "approved methods in general use." He must know what is going on in dentistry and scientific journals, text books, lecture courses, meetings of his state dental societies, conferences with especially equipped dentists, these and other means are at his disposal and he will fail to use them at his peril.

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FEBRUARY, 1935

WHAT HAS BROUGHT THE DENTAL PROFESSION TO THE POSITION IT ENJOYS TODAY?

I would like to have you read the above sentence again and then in your own mind stop and think what has made it possible. While we have had many men in our state and national organizations who have practically consecrated themselves to the advancement of organized Dentistry, and we fully appreciate and recognize the value of their work, it has not been any individual who has brought us to our present status.

No one person enjoys enough years of active life to accomplish such a noble and high ideal but the past has proven to us and we of the present must carry on the ideal of professional advancement through co-operation. The economic conditions of the present day are a striking illustration of the necessity for co-operation in our social and financial lives and we all are well acquainted with the efforts that our ablest men are making to accomplish this.

The social revolution through which we are now going but emphasizes the need for more and better co-operation in our profession which translated means that every ethical Dentist should be a member of our Society and which, particularly in Florida, is possible of accomplishment. We, as members are duty bound to assist in this aim by contacting and talking with the eligible non-member. Make yourself familiar enough with the workings and aims of your Society, so that you can pass this information to the prospective member.

WILL YOU DO YOUR PART?—Ros. Cummins.

A QUOTATION CONCERNING FERA

Some members of the Society have not understood the full significance of the subject under discussion at these special meetings. They have felt that only dentists doing the actual relief work had a vital interest in the subject of fees and the matter of control; they have believed that there was no relationship between private practice and relief practice. The fact is, though, that every member of the Society, whether he does relief work or not, is involved in the problem. For example, a wage scale or a price schedule paid by a governmental agency for services or goods, influences the wage or price index in private business by either an upward or downward revision. If the PWA, for instance, pays $1.00 an hour for skilled labor and private business pays $.75, the migration of labor is away from private practice to governmental employ. If, on the other hand a governmental agency pays less than private enterprise, the marginal producers may accept the schedule as an economic stop-gap but will compete for private employment. The likely result, however, will be that the wage index in all private business will descend toward the schedule paid by the governmental agency. High wages and high prices paid by the government means high wages and prices in private business; a low price and wage index by the government means a low index in private business.

In the case of professional practice, a low fee paid by a governmental agency would tend, first to decrease the level of fees received in the private practice of those doing relief work. That is to say, a dentist making full upper or lower dentures for $9.00 for relief patients would find it increasingly difficult for him to ask and receive his customary fee for the same service from private patients. Custom, habit, experience—all cut deep furrows in our minds—either favorable or unfavorable. Under the operations of the competitive system, the second result would be the reduction of fees in the private practice of all dentists. The significant point, then, is that the fees paid out of governmental funds have a relationship to fees in private practice. Every member of the Society, therefore, has a stake and should have a vital interest in the subject.—The Bulletin of the Chicago Dental Society.

CO-OPERATE OR?

A tire man died and went to heaven (believe it or not). Upon being received by St. Peter, he asked to be shown to his old competitors of the tire busines. He was told that each group of people in the same line of business lived together, therefore it was an easy matter to go to their district and see all the tire dealers at one time.

Upon seeing them he was surprised to find that they were very thin, one could almost see through them. Just at that time dinner was being served, and to his astonishment platters of delicious foods were placed before them and before anyone was seated an angel came along and strapped a long iron spoon on each arm. This spoon was strapped around the wrist and biceps, making it impossible to bend the arm. As a result they could only look at the food.

Our friend then went to another section where the dentists lived, and to his surprise found them all fat and healthy. While he was there, dinner was served and an angel strapped a similar spoon on each arm in the same manner. To his surprise he found that each dentist dipped his spoon into the food and fed the man seated next to him.

Returning to the tire group, he asked an old competitor why they did not do the same thing, to which he replied, "What I'm starving and I should feed that dirty crook next to me?"

Moral: "Co-operate or Starve."

—Exchange Unknown.

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DUES

The Chicago Medical Society Bulletin reports the following: "A member of the South Side Branch who is somewhat careless of his society dues went duck hunting down on the Peoria swamps. By accident he got his clothes drenched and crawled under an abandoned shack to escape the chill winds. He wriggled himself under the building to find a sheltered place but when he tried to crawl out found himself so pinioned he could not move. He twisted about until exhausted, he called for help but none came, and as the chilly night came on he feared he might die from exposure. Panic seized his troubled mind and in his fright all his life's shortcomings flashed through his mind, and with them the fact that he had not paid his medical society dues. That made him feel so small that he easily slipped out of his imprisonment. He sent in his check that night." The moral is easy to apply.

I am sure you don't want to find yourself in the same predicament that the fellow in the above article, found himself. I am also sure you want to do your part by paying your dues promptly. The Membership Contest between the States closes on March 1st, 1935. Help put Florida on top by paying your dues now and the best way to do that is to sit down now and write out a check and send it to your District Secretary. You will find the secretaries for the various districts listed below.

Yours for Cooperation,
E. B. Penn, Sec'y.

DISTRICT SECRETARIES

West Coast Secretary and Treasurer, Dr. L. B. King, Singleton Bldg., Bradenton.

East Coast Secretary and Treasurer, Dr. B. M. Pell, First Nat'l Bk Bldg., Hollywood.

Central Secretary and Treasurer, Dr. Leland T. Daniels, Clinic Bldg., Orlando.

Northeast Secretary and Treasurer, Dr. Z. L. Webb, Post Office Box 481, St. Augustine.

Northwest Secretary and Treasurer, Dr. B. V. Dannheisser, Brent Bldg., Pensacola.

Be a live wire and you won't be stepped on.—Journal of Houston Dent Society.

WHAT FLORIDA DENTISTS ARE DOING

NORTHWEST DISTRICT

Dr. W. D. McArthur and family of Milton spent the New Years holidays in New Orleans, where they attended the Tulane-Temple Sugar Bowl game in Tulane Stadium. Dr. McArthur especially enjoyed the score of 20 to 14 in favor of his Alma Mater, and the contact with many of his friends and former schoolmates.

Dr. and Mrs. R. P. Irons, U. S. N. stationed at the Naval Air Training station at Pensacola are rejoicing over the advent of an eight pound son and heir.

Dr. B. C. Barrow writes this correspondent that the Pensacola boys have turned Nimrods with a vengeance, Drs. Baldwin, Brown, Pepper, Bell, McLeod having pretty well cleaned out the doves and quail in Escambia and surrounding counties. However R. A. Brown says he is so distracted watching the stream of ejected shells issuing from his new Browning automatic that it is hard to keep his mind on the birds.

It is with regret that we report the recent death of Dr. R. E. Tiller of Chipley. While Dr. Tiller has not been identified with organized dentistry for the past years, he was an able practitioner and a fine character, and leaves many grateful patients to mourn his passing.

Dr. Charles W. Forum, Jr., Pensacola has accepted the Internship with the West Palm Beach Kiwanis Clinic, reporting for duty January 7th and closing his office in Pensacola.

This column wishes to sympathize with Dr. E. C. Rogers of Pensacola in the death of his father Captain John Rogers on December 23, 1934.

Dr. W. G. McLeod and family enjoyed a visit during the holidays with Dr. McLeods' parents in Apopka, Florida. Luck was with them this time, no accident marred the delightful trip, and they returned home in time to celebrate the entry of the New Year by attending the Pensacola Country Club dance.

Dr. B. C. Barrow, Pensacola, reports his Christmas saddened by the illness of his mother and a fire in their home. We hope Mrs. Barrow is much improved and the fire damage not extensive.

Dr. Neal Williams of Graceville has been absent from his office some recently on account of illness. A trip to Atlanta for advice and treatment seems to have helped him and he is now back at his chair in Graceville and plans taking over for 3 days each week the office in Chipley left vacant by Dr. Tiller's recent death.

Dr. Jimmie Bell of Pensacola has recently given his beautifully equipped offices their yearly new suit of fresh paint and while this was going on the doves surely suffered, for Jimmie rarely misses.

Dr. W. R. Jordan, Bartow, spent the Christmas holidays with relatives in Quincy and Dr. E. B. Fletcher of Leesburg also visited his home in Greensboro, and they, together with Dr. G. E. Boring of Quincy, had a very enjoyable camp hunt on which much game was bagged.

WEST COAST DISTRICT

The Tampa Society of Dental Surgeons held their regular monthly meeting on Monday evening, January 14th, at their Club rooms in the Stovall building. Doctor Coleman T. Brown, chairman of the local arrangements committee for the state meeting, asked for and was assured of full cooperation, on the part of the membership, towards making next years meeting the greatest ever held. Progress of the dental work being carried on at the Medical Center was discussed and approved. The essayist of the evening was Doctor Ruben Moreno who read a paper on, "The History of Dentistry." Just a hint to the old timers in various societies—Ask the recent graduates for a paper or clinic and treat yourself to a real program. This being the first meet-

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ATLANTA, GA.

ing of the new year the following officers were elected:

President, Dr. W. P. Wood, Jr., re-elected; vice president, Dr. E. Scott Lahr; Sec'y-Treas., Dr. J. Leon Schwartz.

Doctor and Mrs. Wm. A. Bartlett spent the holidays on the East Coast.

Doctor and Mrs. W. P. Wood have just returned from a "quiet" trip to Cuba.

Doctor D. M. Hoffman has temporarily given up his practice because of ill health.

Visitors attending the West Coast meeting were Dr. Cleveland of Jacksonville; Dr. Fitzpatrick, Fisher, Lunsford and Pankey of Miami; and Doctors Foster and Byrnes of Atlanta.

The West Coast is proud of a paid up membership of fifty two at this early date.

The annual meeting of the West Coast District Dental Society was called to order in Tampa, at ten A. M., January 19th, by the president, Dr. C. J. Zimmerman, who thanked the local arrangements committee for what they had done in preparation for the meeting.

Dr. W. P. Wood, in charge of local arrangements, announced a Ladies' Luncheon at noon and Bridge party in the afternoon, also the Men's Luncheon at 12:30, honoring Dr. S. W. Foster, the "Daddy" of the Society, who would be the speaker.

The chairman then called for introduction of guests, and Dr. C. P. Cleveland, President of the Florida State Dental Society was introduced by Dr. Ross Cummins, who highly commended Dr. Cleveland's work in this official capacity.

Dr. Dean introduced Dr. Foster, who was given a rising ovation; also introduced Dr. W. J. Fitzpatrick from from Miami—with some humorous reference to the latter's Kentucky origin, and Dr. Fitzpatrick responded by telling a good story regarding the use of "six-shooters" in his native state.

Dr. Meyers introduced Dr. Ralph Byrnes of Atlanta; Dr. C. C. Stewart of St. Petersburg, and Dr. L. D. Pankey of Miami. Dr. Frank Adams of Tampa was also presented.

Dr. Wood introduced Dr. E. C. Lunsford of Miami. The new members were asked to rise, and two responded.

Reading of the minutes of the previous meeting was called for, but upon motion made, duly seconded and carried, was dispensed with.

Dr. Dean, chairman of the Censors Committee, presented two names for membership, which had been approved by his committee—Dr. Jos. S. DeRose and Dr. R. W. Genung. Upon vote being taken, these were accepted for membership.

Dr. Cummins called attention to the fact that there were present at the meeting five past presidents of the Society--Dr. Caraballo, Dr. Adams, Dr. Fitzpatrick, Dr. York and Dr. Stewart; also Dr. Foster, who is past president of the American Dental Association.

Dr. Ralph Byrnes then presented a paper on "Ethics", which was most enthusiastically received and commended, and followed by much favorable discussion, Dr. Foster stating it was the finest paper he had ever heard at a Dental Society meeting, anywhere.

Dr. Cummins made a motion that the paper read by Dr. Byrnes be endorsed by the Society, and that the author be asked to have it published in the American Dental Journal, with the Society's endorsement. This motion duly seconded and carried.

The general discussion continued at length, until motion was made, seconded and carried that it be closed in order to give sufficient time for the next paper.

Dr. C. C. Stewart was next presented and read a paper on "Membership in Your Society," which was well received. A general discussion followed, and Dr. Cummins moved that the paper be printed in the State Bulletin. This motion seconded and carried.

There was a discussion regarding the members contacting non-members and trying to interest such non-members in joining the Society and Dr. Getzen presented the motion that the Secretary be instructed to send members of the Society lists of names of non-members in their locality, for the purpose of making such contact. This motion was duly seconded and carried.

The Secretary read a letter received from the Central District Dental Society, extending an invitation to attend its meeting to be held in Orlando on January 25th and 26th, and enclosing copy of program for this meeting, which was also read. Dr. York made a motion that the secretary be instructed to write a letter of thanks for the invitation. Motion carried.

Dr. Meyers spoke in behalf of the State Journal, and told of a proposed new column to be entitled "Talk and Back Talk"—to be a "question and answer" column in which the members could give and receive information, etc.

Dr. Sheetz brought up a discussion relating to a resolution presented to the State Society in regard to the publication "Oral Hygiene," about which there seemed to have been considerable misunderstanding, and which was satisfactorily explained by Dr. Cummins, Dr. Cleveland and Dr. Stewart.

Dr. Fred York made an appeal to all members in behalf of the Relief Fund, and read a letter from the American Dental Association in the connection. He stated that each member receives a package of Christmas seals, the money from sale of which goes into the American Relief Fund (of the American Dental Society). Every dentist of the United States is eligible for aid from this fund when urgently needed, Dr. York stated, and that it seemed little enough for each member to send in his one, two or three dollars for these seals, for the benefit of the Fund. The Miami Dental Society was reported as having contributed to this Fund one hundred per cent.

Just before the noontime adjournment, the name of Dr. F. A. Finley of St. Petersburg was presented for membership by the Censors Committee, and this "baby" member duly accepted by a vote taken.

The session adjourned to attend the luncheon at 12:30 honoring Dr. Foster.

The meeting was presided over by Dr. Fred York who called upon Doctor W. A. Dean to present Doctor Foster. Doctor Foster's acknowledgement of his appreciation was followed by a talk on "Loyalty". This address was truly a masterpiece and was an inspiration to the group of sixty men who gathered to do him honor.

The afternoon session opened with an address on "Public Relations", by Dr. Frank Adams of Tampa. Dr. Adams was commended for the amount of work he had done in compiling the report which he presented.

The closing paper and lecture of the afternoon was given by Doctor L. D. Pankey of Miami. His subject was Economics and believe you me

this man knows his subject. Doctor Pankey's paper was read in conjunction with a series of charts which illustrated his subject. Upon a motion which was unanimously carried he was requested to have these charts made up in miniature form to be published in the Journal.

After giving a rising vote of thanks to the Clinicians, chairmen of the various committees and the hotel, the meeting adjourned at 4:45 o'clock.

NORTHEAST DISTRICT

The regular monthly meeting of The Jacksonville Dental Society convened at 8 P. M. January 8th. The topic of the evening was a talk by Dr. F. A. Brink of the Florida Public Health Association. Dr. Brink gave a general talk on Diet and its relation to Dentistry, emphasizing the importance of Diet in pre natal care of children. He also stressed the care of the child in its early life, in the prevention of Diptheria, Malaria and Hookworm, which he finds very prevalent in the poorer sections where unhygienic conditions prevail. He also mentioned with emphasis, the value of physical examination, including the Dentist and his family.

Dr. Brink also exhibited a Coral Snake and a Black Spider, which were very interesting, both being very poisonous.

Dr. Jesse Williams discussed this interesting topic at some length and brought out several points, which dealt with the man in general practice.

Miss Dorothy Walton, also interested in Public Health affairs, asked for the co-operation of the Dentists in making examinations in Rural School Districts, and wished some of their time in caring for the charity work so much needed.

This matter being referred to the Oral Hygiene committee. It was decided that a Dental Hygienist should do the examination work.

The attendance at this meeting was fairly good, and a number of Dental Assistants were present.

Among those enjoying the privilege of the hunting season for the past few weeks are: Drs. John I. Todd, C. J. Masters, Jesse Williams, R. P. Taylor Sr., and R. P. Taylor, Jr., also Drs. Reilly and Chafin. We hear that some were successful in this great outdoor sport, but just how much game was bagged by each one, we are not certain.

Dr. R. E. Allen was called to Winston-Salem recently, due to the death of his father who had been ill for sometime.

Dr. and Mrs. W. Glenn Phillips and son spent a very pleasant week end recently with friends in Fort Pierce, Fla.

Dr. H. B. Pattishall and family spent a few days at Christmas time with Mrs. Pattishall's brother at Bartow, Fla.

CENTRAL DISTRICT

At about the time that this publication will be in the hands of the printer, the Central District will be holding its winter meeting at the Angebilt Hotel in Orlando, Friday and Saturday, January 25-26. Opening Friday at 2:00 P. M. After the opening exercises a business session will be held, followed by lectures by Dr. Sterling Mead of Washington, D. C.

Friday evening will be devoted to entertainment to take the form of a testimonial banquet in honor of Dr. A. B. Whitman. Saturday, following numerous clinics and demonstrations we will have Dr. Robert L. Dement of Atlanta, on Periodontia.

With this very inspiring program and all other conditions being favorable a splendid meeting with a large attendance is assured.

The Kiwanis Club of Orlando is maturing plans for opening a dental clinic for children, the plan now is to erect a small building on property owned by the Club. The building to be of a size, sufficient for two operators.

Donations already secured appear to assure the erection of the building and the Club has sufficient funds to start the clinic, employing a full time operator and assistant. Drs. Whitman, Sharp, Jones and Daniel are on the committee for operating the clinic.

Dr. P. C. Harrell, President of the Central District is attending the meet-

THANKS

The end of our seventh year of service to the Dental Profession in Florida is near. We appreciate your friendship and the business you have favored us with.

To you, we sincerely wish the best of the Seasons greetings.

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ing of the West Coast District in Tampa.

Dr. Leland T. Daniel, secretary of the Central District was laid up with the grippe for a week, early this month.

Dr. Joyce of Kentucky is visiting in Orlando, with the idea of locating in Florida later this year. Dr. Joyce has held a Florida license for several years.

Dr. Charles E. Zinck of Eustis has located in Orlando on the third floor of the Orlando Bank and Trust building. Dr. Zinck is joining the local society and renewing his membership in the State and District Society.

EAST COAST DISTRICT

The regular monthly meeting of the Miami Dental Society was held on Monday, January 14th at 8 P. M., in the Huntington Building Club room. The following program was presented:

"Proprietary Preparation" by Dr. A. E. Rosenthal. Discussion opened by Dr. A. W. Kellner. Clinic X-ray work by Dr. Roy S. Ellsworth.

The East Coast District Dental Society will meet in the Club rooms of the Huntington Building, Miami, Thursday, January 31st. The program is arranged as follows:

Morning program:—Dr. Weston A. Price; New Light on the Cause of Tooth Decay and Facial Deformities From Field Studies Among Primitive Races.

Afternoon program:—Dr. Price; A New Interpretation of the Etiology of Dental Caries and Associated Degenerative Progress with Pratical Procedures for their Prevention and Control.

A luncheon will be held at the Urmey Hotel.

ANNOUNCEMENT OF PERSONNEL OF PROGRAM AND EXHIBITS COMMITTEES

Program

Dr. B. L. Wilkerson, Miami, chairman.
Dr. A. F. Douglas, Chattahoochee.
Dr. T. L. Dennis, St. Petersburg.
Dr. G. B. Tison, Gainesville.
Dr. L. W. Knight, Jacksonville.

Exhibits

Dr. W. P. Wood, Jr., Tampa, chairman.
Dr. R. A. Brown, Pensacola.
Dr. O. O. Fisher, Tampa.

BOOK REVIEW

An outline of Dental Socio-Economics By Dr. Alfred J. Asgis

An excellent basic text for study clubs and local societies to use.

It is more of an outline, containing much data, statistics and theoretical background of the relationship of the institution of dentistry to society.

The treatis outlines three possible solutions of the great socio-economic problem which confronts the dental profession today. It advocates a program which is called, Dynamic dental economics (service theory).

The booklet is very informative and interesting and should stimulate a more uniform and co-operative thought among the members of the profession.

by Fred O. Conrad, D. D. S.

ATTENTION HYGIENISTS

Have you paid your 1935 dues? If not, mail your check for $5.00 at once to your Secretary Miriam Wood, 402 Blount Bldg., Pensacola, Fla., or to your Treasurer, Oralee Cleveland, State Board of Health, Jacksonville, Fla. Do this today so as to not miss any copies of the Journal.

Miriam Wood, Sec'y

THE BUREAU OF PUBLIC RELATIONS. WHAT IT DOES

The past decade has witnessed a tremendous increase in the amount of dental health information broadcast, printed and otherwise disseminated by commercial organizations. Unfortunately, however, much of this information is worse than useless because of its misleading, biased and unscientific nature.

If we as dentists would warrant the title "doctor" we must be more than healers of dental disease; we must be that which the title "doctor" implies—teachers. We must teach the public the necessity of dental care and the value of preventing dental disease. Realizing the importance of lay education in the prevention and control of dental disease, the American Dental Association in 1922 established, in the central office, a Bureau of Dental Health Education. This name has since been changed to the Bureau of Public Relations.

The Bureau of Public Relations does exactly as its name implies. It establishes public relations with other health and social agencies which are, or might be, interested in our problem. The Bureau collects and clears dental health ideas and materials. Through this office, all members of the Association may quickly and easily exchange their ideas on dental health subjects. For instance, you have perfected a dental health plan which has proved beneficial to you and your community. You forward that plan to the Bureau of Public Relations where it is immediately made available to every member of the Association. In like manner, you have access to the plans and ideas developed by others.

Besides acting as a clearing house for ideas, the Bureau is constantly developing new lay educational material. Lectures, radio talks, newspaper articles, stereopticon slides, motion picture films, models, posters, leaflets and school room material, all of which is authentic and interesting, may be obtained from this office. Most of the newer educational material bears the official approval of the American Dental Association and the United States Public Health Service. All of this material is available at small cost to the members of our profession and others interested in

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dental education.

Lay education is of paramount importance in the prevention of dental disease. New educational ideas are in constant demand. No one individual, no one bureau has a corner on ideas. The more each member contributes to the Bureau of Public Relations and the more each member uses the material offered by the Bureau, the better for both the public and the profession.

After all, it is not the ideas which we have in our own heads that count; it is the ideas which we can introduce into the heads of others that brings results. The Bureau of Public Relations is your servant. The more use you make of the Bureau the better you, your patients and the public will be served.

STATUS OF THE PRESENT DAY DENTIFRICES

If ever a subject was in a state of chaos, it is the dentifrice field of today. On the radio, in the journals of all types, in the daily newspapers, we read of the most exaggerated claims. No price seems too great, no cunning is left undone to beguile not only the public but the dentist as well. May I ask you to pause for just a moment and think: What right, rhyme, or reason have practically all of these various venders to prescribe and say what shall constitute the home treatment for your patients? Think in comparative terms, if you please, of the physician treating the various diseases with purely proprietary or patent medicines. This is exactly what you are doing.

It appears that the field has been left entirely to the chemist and pressure of wild advertising. Do you know of one outstanding dentist who is associated with these concerns, one with sufficient background in materia medica and pathology of the structures in the mouth which these products have to deal with, that has been taken into council with the chemist? The missing link is evident.

An analysis of most of the present products, as published by the Council on Dental Therapeutics, reveals a pitiful condition of pastes and powders alike. An analysis of the pastes shows them to be largely of the same composition: soap, glycerin, calcium carbonate, and saccharine, plus the various flavoring agent. Of the powders, calcium carbonate is the principal ingredient. You have your patients buy this powder, at fifty cents for 2 ounces, when the same amount of money will purchase 2 pounds of calcium carbonate at the corner drug store and serve the same purpose. There is another whose formula has been published as containing 1-2 sodium chloride (salt), 1-4 sodium bicarbonate (baking soda), 1-4 sodium perborate, and sells at fifty cents and $1.00 per can. If you prescribe this, and think it has merit, why not give your patients the formula and for a dollar they could make 5 pounds and save money that may better be spent for your personal services.

Many of the laity as well as our own profession are of the opinion that straight sodium perborate serves the purpose of a dentifrice. Let me assure you that it is woefully lacking in many respects. First, it is not a cleanser in any sense of the word. Kept as it is in most of the containers, it soon changes its form and ceases to liberate its small amount of oxygen and becomes sodium borate, or in other words, nothing more or less than "20 Mule Team Borax", which may be purchased at the corner grocery for ten cents a pound. If you feel that you must prescribe any of the present sodium perborate preparations, of which there are several on the market, why not advise the patient that it can be purchased at the drug store for thirty-five cents a pound? If any of those that are housed in small bottles and cans at from thirty-five cents to sixty-five cents will serve equally well. Its palatability, however disguised, is still nothing short of nauseating to most people. As far as its germicidal properties are concerned, it is only mildly effective, being comparable to boric acid. It is not a specific for any type of mouth infection of a severe nature. Some organisms of the mouth thrive in it. In the mild cases of acute ulcerative gingivitis (trench mouth), it is of some value, but far short of a specific in its true sense, as advertised. Sodium perborate used as a dentifrice in some mouths produces a sponginess of the soft tissues which soon clears up when the patient ceases to use it. As for the antiseptic ability of any dentifrice, it is a negligible feature, as a mouth that may be rendered sterile—if this is possible—would almost instantly become otherwise, as no antiseptic, however efficient, can have such action except for a short time. The first few breaths of air would produce a new contamination. In addition, the tonsillar area, the nose, throat, and accessory sinuses are all so closely associated with the oral cavity that its sterility by reason of this fact is impossible.—Frank H. Voorhees, D. D. S., in the Bulletin of the Chicago Dental Society.

FEE—NOT PRICE

The dentist should not be led astray in these days of cost-accounting; the dentist charges a fee, not a price, for services rendered. We want to drive the point home by relating one of those stories which are true whether or not they ever actually happened, a story about Whistler which is told by Albert Edward Wiggam. The great painter, it seems, once agreed to appear as an expert witness in a court case involving a question as to whether a certain painting was a genuine work of the artist whose creation it had been represented to be.

As soon as the witness was seated, the attorney, with due flourish, unveiled the canvass. Whistler took one look at it, pronounced it a fraud, and left the courtroom. The purchaser of the painting, at whose re-

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quest Whistler had appeared, won the case and recovered substantial damages. When Whistler sent her a bill for $1,000 for his services, his client protested: "How can you charge $1,000 for the work of an instant?" Whistler's reply was: "I have charged you $1,000 for the work of a lifetime."

This story illustrated the difference between a fee and a price. A price, of course, is based upon a calculable cost.

Dentists and other professional workers should remember this distinction. They should never attempt to justify any given fee on a cost basis. A professional fee computed on a basis of mechanical costs is not in any sense a professional fee. Those who attempt to standardize dental fees under any guise are laboring under a fundamental misapprehension, and the dentist who listens to such an attempt is being misled.—J. S. in Bulletin of Second District Dental Society, New York.

RECENT RULING OF FEDERAL TRADE COMMISSION

The following release from the United States Federal Trade Commission at Washington on December 1, 1934 is another triumph for organized dentistry, in its continuous effort to protect the public and the profession against misleading and fraudulent advertising and deceptive methods of practice, by unscrupulous and designing persons.

"Misrepresentation in the sale of dental plates is prohibited in a Federal Trade Commission order against Benjamin D. Ritholz, of Chicago, doing business under the names of "Chicago Dental House, Inc."

Among practices enjoined are the use of testimonials, endorsements or guarantees in or through newspapers, magazines, the radio or circulars to represent that the respondent's dental plates are of a value greater than is actually the case; that he can make a properly fitting and satisfactory dental plate from an impression of the mouth taken by a layman for whose use the plate is intended, and that the respondent is using in his manufacture the scientific methods used by dentists.

The findings show that Ritholz manufactures 150 plates a week at his laboratory, 1445 West Jackson Boulevard, Chicago. According to the findings, the laboratory work is conducted by technicians and helpers and the work of making plates is not supervised by dentists."—The Bulletin of The Cleveland Dental Society.

Lookout Below

Dentist—(Inserting magnifying mirror with electric bulb into mouth of patient) "Miss F—, you would be astonished if you knew how far I can see with this instrument."

Miss F—"I can't help it, doctor, but I forgot that I had a large hole in my stocking."—Bulletin of the Kings County Dental Society.

Gather yourself into a ball to be thrown at the mark.—Houston Dent. Society Journal.

"Mamma, I want some water to christen my doll," said May.

"No, dear," answered her mother, reprovingly. "It's wrong to make game of such things."

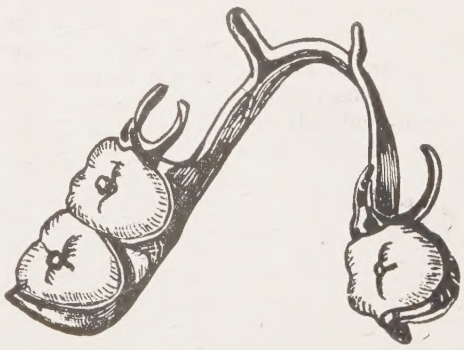
"Then I want some wax to waxinate her. She is old enough to have something done."—Contact Point.

Eastland: "And there son, you have the story of your dad and the Great War."

Junior: "Yes, dad, but why did they need all the other soldiers?"—Contact Point.

Lifeguard (with girl in arms): "Sir, I have resuscitated your daughter."

Father: "Then, by gad, you'll marry her."——Contact Point.



Intelligent design plays an important part in the ultimate service of a partial denture. Proper dental engineering lengthens the life and increases the satisfaction of removable cases. In this you will agree.

We offer you our long experience and practical knowledge of case construction by the Aker's technique, Roach method or Combined principle of design. May we prove to you how well we can make a partial? You have our assurance that you will not be disappointed.

We are equipped and ready to please you. . . . and through you, of course, your patients.

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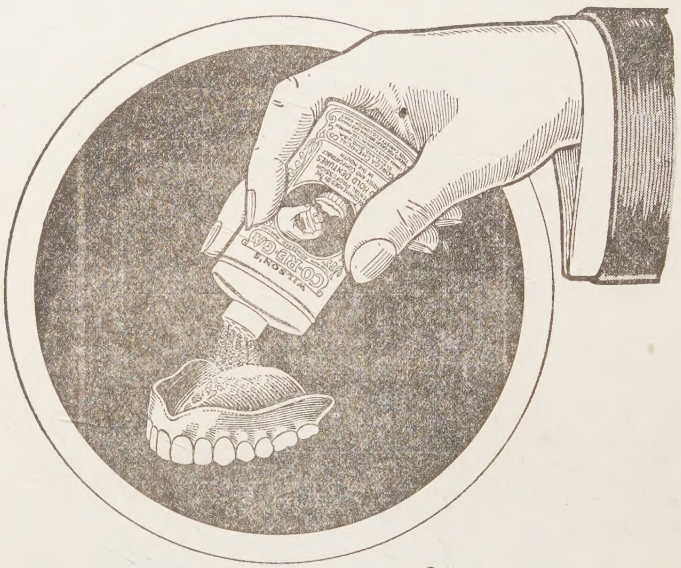

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